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AUTHOR Turner, Alfreda
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ABSTRACT

The paper examines culturally specific values among low socioeconomic blacks which influence their response to a disabled or high risk child within the family. First is the extended family and the dependence on family rather than on social agencies for assistance in child care and support. The second cultural characteristic, the overall openness of blacks in expressing their feelings, especially to family members, may account for limited use by blacks of counseling services and support groups. A third factor, the general attitude toward and expectations for children, causes difficulties because blacks stress a highly personal style for their children rather than one emphasizing exploration of objects and the physical environment, as most intervention programs stress. Finally, the support that religion provides for many blacks in their day-to-day problems helps families cope with a handicapped member. The paper concludes with several examples in which culturally specific values can make communication between families and service providers difficult, and four books on the subject of conflicting cultural styles are recommended. (CL)

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MULTICULTURAL CONSIDERATIONS: Working with Families of Developmentally Disabled and High-Risk Children

Alfreda Turner, M.S.

The Black Perspective

Paper presented at Infant Development Association Conference
Los Angeles, California February 20-22, 1987

Vulnerable Infants; Stressed Families: Challenges For Research and Practice

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Until the late 1960's Black families, their lifestyle, values, and childrearing practices were compared to the American White culture. The end result of this "research" was that Blacks were characterized as an uncultured people, who tended to deviate from the norm and were considered disadvantaged. Currently, I think as a reaction to the Moynihan report, there has been some effort to examine the Black perspective and a beginning acknowledgement that the Black culture does indeed have an ethnic style, values, and attitude all its own. As it is, research which examines the childrearing attitudes in the Black families is sparse, and if compounding this by examining childrearing patterns with a disabled child, the research is virtually non-existent. Needless to say, there is a real need for basic descriptive and comparative research.

My presentation today is based upon the most current research available and upon my own impressions from being Black and working with families for the past 12 years. I will not be addressing drug addicted parents, psychotic parents or anyone else that falls into the category

of atypical. The cultural specific values which I will refer to are most easily and most often observed in the low-socioeconomic group (about 40% of the black population). The reason that you can most easily see these characteristics in the lower-income group is probably due to the fact that, as a group, they have less contact with the middle and upper income classes, fewer resources, and less indoctrination into the ways of mainstream society (ie. education). As Geismar in 1973 said, " The lower the social class, the more ethnic differences will be found." Having said that, I will attempt to describe some childrearing patterns, and state how they influence attitudes, and then indicate how that can be translated into practices used by your organization.

Black families as a whole are less overtly disturbed than some families in other cultures by having a disabled or high risk child in the family. There are several cultural specific values which exist and which, I think, do influence how Black families tend to respond to this crisis. I will discuss four of them.

1.) THE FIRST IS THE EXTENDED FAMILY:

Across all income levels you will find that the extended family is approved and encouraged. Extended family members may be grandparents, brothers, sisters, cousins, aunts, uncles, or an informally adopted friend who may be called any of the family member names. This family, more often than not, will live in close proximity. Because of the dependency on each other, and the contributions other relatives make to support family functioning, it is difficult to define what the family unit might be. Any combination is possible; mother plus father plus grandmother plus baby, or grandmother plus baby, or father plus sister plus baby, and so on. The mother and/or father may not be the primary caregiver. It is the quality of the relationship within the family network that determines success, not the composition of the nuclear family. The extended family is like "insurance", you can "rely" on it.

There is a mistrust of social agencies. Agencies or "outsiders" are reported to not be as helpful or sensitive to the families differing needs. I once worked with a young, single, Black mother who had three children, aged 11 years, 7 years and 8 months old. She had had complicated surgery and was in desparate need of respite. She had

independently made arrangements for childcare which lasted only 2 days. This mother was not sufficiently recovered by then to take over the housekeeping chores or to care for the children. Her major concern was for her difficult premature infant. Her other children could care for themselves. Either one of them, she believed, could care for the youngest, but she didn't want them to miss school. Efforts were made to provide emergency childcare. In the process of trying to find a workable solution the Respite agency suggested to the mother that the baby be placed in a respite house for a few days. The mother thought the agency meant Foster Placement through Children's Protective Service and that they were trying to take her child away. Because I had established rapport with this mother, I was able to calm her down and then to explain what Out of Home Respite Care was. I will also mention, this mother had never had a child removed through CPS. This example illustrates one of the real or imagined fears some of these parents have and the misunderstanding that can result as a consequence. Without some understanding, even on my part, there would have been a serious misinterpretation of this mother's response. There is a

general perception in the Black Community that agencies are all part of some giant information network. When working with a family, it is necessary to make clear the agencies purpose for being there and that confidentiality is respected. Fears have to be dealt with directly. The trust is built in tiny steps. As the old cliche goes, "Talk is cheap." Trust is built through perceived actions. Some families will go so far as to test the agency to see if you mean what was said. I will talk a little more about social agency involvement later.

Harriette McAdoo conducted a study which asked upwardly mobile Black families how they had handled problems in the past and what external support they needed from outside agencies. There were 305 parents, of them 174 were mothers, 131 were fathers, with a total of 178 family units. The results indicated that:

62% - went to family first
23% - thought about it themselves, then did what was needed
5% - got outside help
9% - had no crisis
1 family couldn't cope
1 family said - would go to no-body outside family

Another feature of the extended family is the division of labor.

The adult (male and female) roles in both the nuclear and extended families are flexible. A better description might be to say their responsibility boundaries are elastic. Children are also taught early to take on responsibility and are expected to be a source of help.

The tradition of reliance upon the family has made the increased demands of a disabled child somewhat easier for a parent or parents. There is financial support, shared parenting , available childcare, and someone to turn to when help is needed in making crucial decisions about the child.

2.) A SECOND CULTURAL CHARACTERISTIC IS THAT RELATED TO EMOTIONAL EXPRESSION:

Typically, Blacks are more open in reflecting what they feel. Usually it's done verbally. Oprah Winfry, a Black talk-show hostess, new on the circuit, is a good example. Compare her style to that of Phil Donahue. Oprah is confronting if she doesn't agree with the guest speaker. She will openly state her own opinion. She doesn't bite her tongue, but says what she feels. This is not unusual in the Black community. There is no restriction on how forceful emotions can be

expressed. Thomas Kochman, author of a book titled Black and White Styles in Conflict, wrote: "Blacks capacity to deal with intense emotional outputs is relatively greater than that of whites because Blacks have greater experience of being confronted with them. Reciprocally, this capacity also gives Blacks acting in response to their own feelings greater freedom to express them intensely knowing others have developed the capacity to receive them without becoming overwhelmed."

Having a special needs chld is an intense emotional time for all parents. The family support mentioned earlier also acts as a sounding board. The avenue for venting emotions is already established within the family interactions. This is probably one of the reasons few of the Black clients in programs for their child use counseling services or the support group. The ones that do, you often find will use the support groups in a different way, (an example: to get information about other available services, or to get more ideas about how to handle their child). Making that shift from family support to a support group of strangers can be difficult. It generally takes

longer. One parent in the program admitted that even though her extended family lived in another state, she felt guilty asking the agency for help. She felt as if she was betraying the family.

3.)A THIRD CULTURAL SPECIFIC FACTOR WHICH ,I BELIEVE, INFLUENCES HOW BLACK PARENTS RESPOND TO HAVING A DEVELOPMENTALLY DISABLED CHILD IS THE GENERAL ATTITUDE TOWARD CHILDREN AND THEIR EXPECTATIONS OF THE CHILD.

More interactions are observed between parent and child which promote the child's ability to relate to people than interactions which encourage educational acheivement. In turn, the parents judge their child for his or her ability to get along. Examples might be seen during an observation of play. In this example I will use a mother and daughter. While using toy blocks, the mother's interactions may seem awkward. The mother may say, "Look at the blocks" and then pick it up and begin to stack them as if playing with the blocks herself. If the daughter attempts to take the blocks away from the mother, the mother might tell her daughter not to be selfish, but then not make other attempts to get the child engaged in the game of block building.

However, later during this play session, you might see mother and daughter absorbed in a tickle game. The mother has the daughter on her lap, facing her, and planting kisses around the little girls neck and face. Interpretations only of the first scene might mistakingly lead you to conclude that the mother and daughter were not in synchrony and maybe have some attachment problems. However, the second less formal scene would show a perfect illustration of good timing, good eye contact, and good reading of cues. It is important for the service provider to use the formal and informal context before coming to conclusions.

Unconscious efforts by the parents - caregivers result in the baby being better able to handle the world of interpersonal relationships than the world of objects. Techniques used to instill this people orientation into the child might manifest itself through how the babies are being held, usually face-up on someone's lap, or the parents redirecting the reaching movements of the child from an impersonal object toward something personal, or behaviors which might be characterized as random or reflexive are interpreted by the Black

parent as having some personality trait, (an example: a child heard babbling a lot might be described as a real talker - one that will grow up and tell all his business). At about the age of three the amount of physical handling drastically decreases. The children are expected to assume responsibility for his or her own body functions and personal feelings. The age of the child dictates what kind and how much responsibility the child will have.

I don't want to give the impression that Black people, as a whole, don't have high regard for education. It is quite the contrary. Further examination will find that most families have high aspirations for their child, but lack the resources and knowledge of how to foster the behaviors needed for educational achievement as defined by mainstream society.

The model adopted by most early intervention programs and school programs is one which encourages exploration of the world of objects and the physical environment, thereby encouraging academic achievement. They foster the notion of "mastery over the environment". On the other hand, Black families foster experiences which are of an intense

personal nature, thereby encouraging a cognitive style counter to that needed in school. The unwritten goal is for that child to be able to relate.

4.) THE FOURTH AND LAST CONSIDERATION I WILL DISCUSS IS RELIGION. The church, for a lot of Black people, is an extension of the extended family. Other members are often called Brother ____, or Sister ____,and the elderly women are called, Mother____. Church is a place where one would find caring, sharing, acceptance, and recognition not gotten any other place in society. The high degree of emotionalism expressed during worship is therapeutic. It's an opportunity to release some of the tensions created by life's stresses. Prayer is also considered a powerful force. Through it forms of introspective thinking are witnessed. Others have gotten emotional strength from knowing that fellow members are praying, with them, for them, and against whatever hardship they may be facing. Henry Mitchell writes, "Blacks had a traditional pattern of trusting God and life and adapting their demands to the limits of reality. Needs which were unmet, together with interpretations of human experience, were trusted to the

future action of a good God."

Parents feeling helpless and fearing the future with a disabled child are in need of a great deal of support and encouragement. The past and present day evidence suggests that Black churches have been extensively involved in providing support to its members. That assistance can be in the form of material support, emotional support, and, or spiritual support, as well as, providing information and advice. As the title of some of the songs commonly heard in the church suggest, there is a faith, a shared faith, that things will be better.

The Black culture historically has lived with a high degree of stress, anxiety and challenges. Survival meant adapting. Consequently, the birth of a disabled or high-risk cild happens into a cultural system that has been molded to accommodate crisis.

The four culturally specific values I've discussed only touch the surface in trying to explain the reasons why Black families tend to respond with less distress than families in other cultures. Understanding the framework in which the Black family functions is helpful, but to translate that information into methods and techniques

which improve program efficacy is even more difficult. Interactional behaviors are sometimes interpreted differently. To illustrate this point, I will use the example of the service provider who is in the initial phase of contact with the family. Everyone acknowledges the importance of establishing rapport with a family. It is helpful for the provider to know about the traditional reluctance of people in the Black community to trust social agencies. The provider, therefore, concludes that it may take longer to establish rapport. In an effort to establish rapport, the provider may casually ask personal questions. Mainstream society says, this inquisitiveness is OK; the Black community says, that is a no-no. Progress may be hampered if you begin asking questions about that parent or family members before rapport is established. A more specific example: the provider may ask: "Are you seeing the baby's father, or is he involved?" Before responding the parent may think: "What does that have to do with the baby? Are you reporting me to AFDC?" The parent feeling resistance to answer the question may simply reply, "yes, or no" without elaborating. This minimal response is a strategy used by a large percentage of Black

people to indicate boundary intrusion. But, unfortunately, is interpreted by the provider as the parent's inability to articulate or the parent's ignorance.

There are other conflicts in style which often cause communication gaps. For lack of time, I can not go into them now, but would highly recommend the following books:

1. Black Children--Their Roots, Culture & Learning Style.
   Revised Edition.
   By Janice E. Hale-Benson
   1986 John Hopkins University Press.

2. Black and White Styles in Conflict
   By Thomas Kochman
   1981 University of Chicago Press

3. Talkin and Testifyin--The Language of Black America
   by Geneva Smitherman
   1986 Wayne State University Press

4. Black Psychology
   2nd Edition
   By Reginald L. Jones
   1980 Harper and Row Publishers

I have attempted to make you aware of the fact that there are differences. I hope to have inspired you to examine further what those differences are, and to then incorporate changes in your program model where needed.

Selected Bibliography

1. Black Children--Their Roots, Culture, and Learning Style Revised Edition. Janice E. Hale - Benson.
1986 John Hopkins University Press.

2. Black and White Styles In Conflict
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ALFREDA TURNER, M.S.
INFANT DEVELOPMENT SPECIALIST
Parent-Infant Program
Child Development Center
Children's Hospital-Oakland
747 52nd St.Oakland, CA.94609